s	Substitute for form 1449/PTO				Complete if Known		
					Application Number	10/091,606	
1	INFOF	RMATION DIS	CLOS	URE	Filing Date	March 4, 2002	
	STAT	EMENT BY A	<b>PPLIC</b>	ANT	First Named Inventor	Winking, Brad K.	
					Art Unit	3696	
	(l	Jse as many sheets as r	ecessary)		Examiner Name	Martin A. Gottschalk	
SI	heet	1	of	2	Attorney Docket Number	020375-005700US	

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Examiner Signature	Date Considered	

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S	STATEMENT BY APPLICANT				First Named Inventor	Winking, Brad K.	
					Art Unit	*3696	
(Use as many sheets as necessary)					Examiner Name	Martin A. Gottschalk	
She	et	2	of	2	Attorney Docket Number	020375-005700US	

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Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²

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